09/24/2016 21 : 19

PAGE 1/3

## FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corpora	ation						
BEND THE ARC JEWISH ACTION	N INC						
(b) Address (number and street) check 330 SEVENTH AVE 19TH FL	if different than previously reported						
(c) City, State and ZIP Code		3. FEC Identification Number					
NEW YORK	3. FEO Identification Number						
Occupation and Name of Employer (for Individual Filers Only)		C C90016072					
Occupation and Name of Employer (for Individual	dai i liets Offly)						
4. TYPE OF REPORT (check approach (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report b) Is this Report an amendment 5. COVERING PERIOD: FROM	24-Hour Report ort	_					
	JRES						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.							
TYPE OR PRINT NAME OF PERSON COMPLET		[Electronically Filed]					
Mark Mildner Mark Mildner		er 09/24/2016					
NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.							

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full) BEND THE ARC JEWISH ACTION INC					
BEND THE ARC JEWISH ACTION INC					
Full Name (Last, First, Middle Initial) of Payee					
Bend the Arc Jewish Action, Inc	Date of Public Distribution/Dissemination				
Mailing Address			09 22 2016		
330 Seveniii Ave			Amount		
19th FI	State	Zip Code	7 Milodain		
New York	NY	10001	32718.00		
Purpose of Expenditure		Category/	Office Sought: House State:		
Staff Salaries and Benefits		Type 001	Senate		
Name of Federal Candidate Supported or Opp	osed by Expend	liture:	President District:		
DONALD J. TRUMP			Check One: Support Coppose		
Calendar Year-To-Date Per Election			Disbursement For: Primary 🗶 General		
for Office Sought		45742.00	2016 Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Pote of Bublic Distribution/Discomination		
Facebook Inc			Date of Public Distribution/Dissemination		
Mailing Addraga			09 22 2016		
1601 Willow Rd			Amount		
City	State	Zip Code			
Menlo Park	CA	94025	400.00 Transaction ID : F57.4140		
Purpose of Expenditure		Category/	Office Sought: House State:		
Digital Advertising		Type 004	Senate		
Name of Federal Candidate Supported or Opposed by Expenditure:			President District:		
DONALD J. TRUMP			Check One: Support X Oppose		
Calendar Year-To-Date Per Election			Disbursement For: Primary General		
for Office Sought		10750.00	2016 Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissemination		
Jena Friedman			M M / D D / Y Y Y		
Mailing Address 47 1/2 East 7th St. #36			09 22 2016		
47 1/2 East 7 th St. 760			Amount		
City	State	Zip Code	2000.00		
New York	NY	10003	Transaction ID : F57.4141		
Purpose of Expenditure		Category/ 006	Office Sought: House State:		
Video Production Services		Type 006	Senate		
Name of Federal Candidate Supported or Opp DONALD J. TRUMP	osed by Expend	diture:	President		
DOWALD 3. TROWIF			Check One: Support X Oppose		
Calendar Year-To-Date Per Election		40750.00	Disbursement For: Primary General		
for Office Sought		12750.00	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expen	ditures		35118.00		
(6) OUDTOTAL (1) 19 11 11 11 11 11 11 11 11 11 11 11 11					
(b) SUBTOTAL of Unitemized Independent Exp	enditures		······ <b>&gt;</b>		
(c) TOTAL Independent Expenditures					
(carry total from last page forward to			······• • · · · · · · · · · · · · · · ·		

## SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3 FOR LINE 7 OF FORM 5

AME OF FILER (In Full)					
SEND THE ARC JEWISH ACTION INC	>				
Full Name (Last, First, Middle Initial	all of Payes		Data of Dublic Dictribut	' . /Diination	
Andrew Koltsoon	I) OI rayee		Date of Public Distribut		
			M - M / D - D 09 22	2016	
Mailing Address 42 Covington Ct.				المتنتسا	
			Amount		
City	State	Zip Code		274.00	
East Brunswick	NJ	08816	Transaction ID : F57.		
Purpose of Expenditure		Category/	Office Sought: House	State:	
Video Production Services		Type 006	Senate		
Name of Federal Candidate Suppor	tod or Opposed by Expend	d:4,140.	Y Preside	District:	
DONALD J. TRUMP	ned of Opposed by Expond	illule.	Check One: Support Oppose		
			Спеск Опе зиррог		
Calendar Year-To-Date Per Ele	ection	12004.00	Disbursement For: Prima 2016	ary <b>x</b> General	
for Office S	Sought	13024.00	Other (specify)		
Full Name (Last, First, Middle Initia	ull of Davida			. Disconingtion	
Full Ivalle (Last, 1 list, whole while	I) OI Fayee		Date of Public Distribution/Dissemination		
			M = M / D = D	/ Y • Y • Y • Y	
Mailing Address				سسسا ا	
			Amount		
City	State	Zip Code			
·					
Purpose of Expenditure		2-1	Office Sought: House		
rulpose of Experionale		Category/ Type	Senate	State	
			Preside	District:	
Name of Federal Candidate Supported or Opposed by Expenditure:					
			Check One: Support	rt Oppose	
Calendar Year-To-Date Per Ele	ection		Disbursement For: Prima	ary General	
for Office So			Other (specify)		
Full Name (Last, First, Middle Initia	all of Davide				
Full Indille (Lasi, 1 list, minute minu	I) OI Fayee		Date of Public Distribution/Dissemination		
			M M / D D	/ Y Y Y Y Y	
Mailing Address				لــــا ا	
			Amount		
City	State	Zip Code			
				, <del>,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Purpose of Expenditure		2-1	Office Squaht: House		
Purpose or Experiorare		Category/ Type	Office Sought: House	State:	
			Senate	District:	
Name of Federal Candidate Suppor	rted or Opposed by Expend	diture:	Preside		
			Check One: Suppor	t Oppose	
Calendar Year-To-Date Per Ele	ection	<del></del>	Disbursement For: Prima	ary General	
for Office Sought			Other (specify)		
			`` "P.		
a) SUBTOTAL of Itemized Independent	dent Expenditures			371.00	
(a) SOUTOTAL OF HOURIZON HINOPOLI	dent Experiationes			274.00	
	–				
(b) SUBTOTAL of Unitemized Indep	endent Expenditures		····· <b>&gt;</b>		
(c) TOTAL Independent Expenditure			····· <b>&gt;</b>	35392.00	
(carry total from last page	forward to Line /)		7		